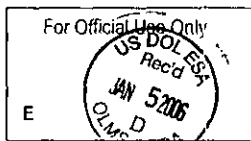


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

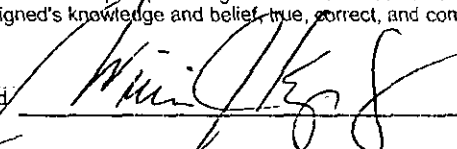
1. File Number U - <input type="text" value="10427"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>
3. Name and address of person filing. Name <input type="text" value="William"/> <input type="text" value="Kaczor"/> P.O. Box, Bldg., Room No., if any <input type="text" value="Suites K-Z"/> Street <input type="text" value="799 Cromwell Park Dr."/> City <input type="text" value="Glen Burnie"/> State <input type="text" value="Maryland"/> ZIP Code + 4 <input type="text" value="21061"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="American Postal Workers Union, AFL-CIO"/> Labor Organization File Number <input type="text" value="000-510"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="1300 L Street N.W."/> City <input type="text" value="Washington"/> State <input type="text" value="District of Columbia"/> ZIP Code + 4 <input type="text" value="20005-4126"/>
5. Position in labor organization. <input type="text" value="Director, APWU Health Plan"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On
Date Telephone Number

Name of Person Filing William Kaczor

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Parking, 1/9/04, \$14
Business Meals employee appreciation 1/30/03 \$55.18
Secretary Treasurer Tunstall Retirement dinner -
parking, 1/29/04 \$28

12.b. Amount.

\$97

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing William Kaczor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Oregon/Dakota Conventions - Travel expenses,
1/5/04-4/19/04 \$3,659.32

12.b. Amount.

\$3,659

Name of Person Filing William Kaczor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union AFL-CIO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union AFL-CIO

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Kansas State Convention - Travel expenses,
4/12/04-5/2/04 \$758.44

12.b. Amount.

\$758

Name of Person Filing William Kaczor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Enrollee problem-Business meal, 4/2/04 \$45.80
Meeting with former HP Director-Business meal
5/11/04 \$ 88.81; Meeting with HPR-Business meal,
\$70.90
Parking 5/5/04; 5/12/04; 5/17/04; 5/31/04 Total
\$58;
TN Convention 5/19-22/04- Travel Expenses \$ 472.53

12.b. Amount.

\$530

Name of Person Filing William Kaczor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

B. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-2

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-2

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Alabama State Convention - Travel Expenses
06/02/04 - 06/04/04 \$705.75

12.b. Amount.

\$706

Name of Person Filing William Kaczor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Massachusetts State Convention - Travel Expenses
6/10-13/04 \$845.03

12.b. Amount.

\$845

Name of Person Filing William Kaczor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

National Convention - Travel Expenses
8/11/04 \$1,000

12.b. Amount.

\$1,000

Name of Person Filing William Kaczor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Business Meal 9/9/04 \$49.30; Lunch 9/13/04 \$29.49;
Definity Meeting/Business Meal 9/17/07 \$62.33;
W.R.E.I Dinner Parking \$26.00 9/29/04
Minneapolis Fall Seminar - Travel Expenses
9/24-26/04 \$667.41

12.b. Amount.

\$1,182

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Oregon Fall Seminar - Travel Expenses 10/11-17/04
\$1,282.00

12.b. Amount.

\$1,282

Name of Person Filing William Kaczor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Parking 10/15/04 \$16, 11/4/ \$16, 11/13/ \$16, 12/4/ \$8; Dinner 10/23/ \$22; Lunch 10/29/ \$19.91; Business Meal/B. Boarman \$54.47; Car Expense 11/11/ \$11.51; NARLCDinner 12/4/ \$47.80; Business Meal w/B.Evans 12/16 \$40.47; Business Meal/Employee Appreciation \$172

12.b. Amount.

\$431

Name of Person Filing William Kaczor	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name American Postal Workers Union Health Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite K-Z</p> <p>Street 799 Cromwell Park Dr.</p> <p>City Glen Burnie</p> <p>State Maryland ZIP Code + 4 21061</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name American Postal Workers Union Health Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite K-Z</p> <p>Street 799 Cromwell Park Dr.</p> <p>City Glen Burnie</p> <p>State Maryland ZIP Code + 4 21061</p>	<p>11.a. Nature of such dealing.</p> <p>Duties required as Director, APWU Health Plan.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Auto Expense 12/20/04 \$ 25.00; Business Meals/Management Appreciation (18 management + W. Burrus and W. Kaczor) \$943.80</p> <p>12.b. Amount. \$969</p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Open Season Seminar - Travel Expenses 10/23-30/04
\$1,204.64

12.b. Amount.

\$1,204

Name of Person Filing William Kaczor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization

☐ b. Trust

☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Dr.

City Glen Burnie

State Maryland ZIP Code + 4 21061

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

W. Kaczor Family Death - Travel Expenses 10/6/04
\$172.30;
Oregon Fall Seminar - Travel Expenses 10/11-17/04
\$1,109.70

12.b. Amount.

\$1,282

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Drive

City Glen Burnie

State Maryland ZIP Code + 4 21061

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name American Postal Workers Union Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite K-Z

Street 799 Cromwell Park Drive

City Glen Burnie

State Maryland ZIP Code + 4 21061

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☒ c. Employer

11.a. Nature of such dealing.

Duties required as Director, APWU Health Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Income per the APWU Constitution.

12.b. Amount.

\$105,614

Name of Person Filing William Kaczor

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Kelly Press

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 Cabin Branch Drive

City Cheverly

State Maryland

ZIP Code + 4 20785

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Printing Company

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf Outing and Lunch for Mr. and Mrs. Kaczor May 9, 2004, \$100
Golf Outing and Lunch for Mr. and Mrs. Kaczor June 24, 2004, \$100
Golf Outing and Lunch for Mr. and Mrs. Kaczor July 19, 2004, \$50

12.b. Amount.

\$250

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Suntrust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1445 New York Avenue, NW

City Washington

State Delaware ZIP Code + 4 20005

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Banking Services

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf Outing and Lunch for Mr. and Mrs. Kaczor May 2004, \$150

12.b. Amount.

\$150